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ing people of Paris have it very much to thank for their exceptional good breeding, light-heartedness, vivacity and intelligence.

ALVAN F. SANBORN.

THE AMATEUR NURSE—AN ACCOMPLISHED FACT.

IF AT times the world seems small, so intimately acquainted is one person with another, there are also times when our next-door neighbor is unaware of our deeds. Surely no one could have written more forcibly of the need of "amateur nurses" than has C. H. Crandall, in the December number of *The Review*. Never has the philanthropic and domestic argument for the education of just such women been more eloquently and carefully stated. Yet apparently the author is unaware that instruction similar to that he proposes is given in several cities, chiefly in Brooklyn, New York, and Boston. The credit of originating and successfully training "convalescent nurses" belongs to Mrs. Charles N. Judson, President of the Brooklyn Young Women's Christian Association; and to Miss Katherine N. Adams, of the Red Cross Society, for three or four years voluntarily giving her services as teacher. A little more than a year ago, through the efforts of Miss A. C. Howes, a similar plan was tried in Boston, under the auspices of the Massachusetts Emergency and Hygiene Association. It was important to distinguish clearly between the instruction of the "attendants" (the Boston term) and the services rendered by them, and the education of trained nurses and their subsequent duties. At the same time it was expedient to have the "attendants" recognized by legitimate medical authority as a class of women competent for certain work. This recognition was obtained through the Committee of the Medical Library Association, under the charge of the Massachusetts Medical Society, which granted permission to pupils, on passing their examination, to register at the Directory. Mrs. Dita H. Kinney, a lady specially fitted for the position and a graduate of the Training School for Nurses at the Massachusetts General Hospital, was engaged as teacher. The instruction is specific and limited to the duties of an attendant in care of the sickroom; taking temperature and pulse of a patient; preparation of poultices, baths, food; ventilation and use of disinfectants. A certain amount of physiology is also taught, pupils occasionally visiting the hospital with Mrs. Kinney. The examinations are conducted by some member of the medical society. No pupil is allowed to charge more than \$7.00 a week during the first year of service, her certificate stating that she is only qualified to take care of convalescents, chronic invalids, feeble elderly persons, and little children. The advantages arising from these methods are threefold: (1) That a new avenue for self-support is opened to women. (2) That there is no possibility of confusion between the domain of the trained, skilful nurse with her two years of close application as student (which renders her able to cope with emergencies or wasting disease), and the limited knowledge and general duties of an "attendant." (3) Lastly, perhaps chiefly, tired or over-busy mothers, patient invalids, people with small means, are now able to procure in their nurseries and homes the services of intelligent, agreeable women, with whom children can be trusted, and who will tenderly watch over the convalescent and the aged.

The element of being personally agreeable through physical and mental

refinement is of greater importance in the tedious care of convalescents and children, who must be amused, read to, watched, and tended, than in the active fight with sickness when more valuable qualities of mind and body are requisite. Servants, even nursemaids, as a rule, know little of what to do in sickness, though they too often think they know, and mothers and housekeepers have such a multiplicity of things to do, that these attendants can do much to lessen the fatigue and anxiety of others. It is not only self-supporting women, but educated women, so to speak who need special instruction in the care of the sickroom, though it should, never be forgotten that to the physician belong authority and responsibility, and that to him implicit obedience is due. But as any woman at any time is liable to be called upon to assist in the care of the sick, and as the utter ignorance from which most of us suffer makes others than ourselves wretched, many "educated" women take the same training as an "attendant."

Talks on home nursing are also given at working-girls' clubs by lady doctors and by lay ladies, the latter of whom have gone through a certain course of limited instruction and been examined as to their competency and thoroughness by physicians. The girls are systematically taught the preparation of poultices, bedmaking, changing sheets, etc., the best way of washing and dressing a baby as shown by means of a huge rubber doll, the home process of sterilizing milk, etc. All this is not merely talked about, but actually done before the girls, who, in turn, are themselves obliged to do these things over and over before the class. Even if they learn their lesson well, they are repeatedly told that their only safety in sickness lies in following the physician's directions. It should never be forgotten that these "talks" should be purely objective. Nothing which in any way belongs to the province of the physician should be touched upon. Whenever doctors feel assured that such care is exercised, they are hearty in their approval of enlarging the boundaries of common-sense. But when they see rules and regulations prescribed by people who do not know what they are talking about, they do well to withhold their approval from such forms of philanthropy. Yet surely by the application of common-sense, which is neither a patent nor a quack medicine, the poor sick can render themselves and their families more comfortable. Those who are able to lighten their cares by procuring the aid of "attendants" will preserve their own health, while to the trained nurse and the good physician we owe our success in the struggles between life and death, in which we so often are enlisted for ourselves or others.

KATE GANNETT WELLS.

CUBAN WOMEN.

A TYPICAL Cuban beauty—and Cuba is famed for its beautiful women—has large, languishing, black eyes, with long eyelashes, a small mouth, red lips, a colorless complexion—in the tropics red cheeks and a bright blooming complexion are seldom seen—and skin with the opaque whiteness of a camellia. She is of medium height, has a shapely form, graceful undulating gait, and her hands and feet are small, and exquisitely shaped. She is generally languid and listless, but she has a winning way and charming manners, with plenty of mother-wit to supply the lack of book-learning, because after leaving school Cuban girls usually relegate their books to oblivion, and only occupy their minds with the chit-chat of society, dress, fashion, or household matters. Nevertheless many are educated at